	Under the Paper	work Reduction A	act of 1995, no n	emons are	required to	U. S. Pai	A tent and Tra	ppro demi	ved for use the ark Office; U.S ion unless it di	rough I	PTC 10/31/2002 (ARTMENT C A valid OMB	VSB/06 (08-04 DMB 0657-003 OF COMMERC		
	PATENT A		Application or Docket Number											
									10049532					
CLAIMS AS FILED · PART I (Column 1) (Column 2)									ENTITY	OR	OTHER SMALL			
FOR		NUM	IBER FILED		NUMBER EXTRA		RA	TE	FEE]	RATE	FEE		
	SIC FEE		$\propto \omega$	1	(å s	OR		1890		
TO	TAL CLAIMS		26 minus 20 =			••.			+	OR	10			
(17 CFR 1.16(c)) INDEPENDENT CLAIMS (17 CFR 1.16(b))				plus J =	•	x \$_	<u> </u>		OR		108			
		NDENT CLAIM I	PRESENT (7 CFR 1.16(c	n)	0				OR	\^\D_1			
If the difference in column 1 is less then zero, enter "0" is column 2								AL		OR	TOTAL	998		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	LL	ENTITY	OR	OTHER T			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN		NU PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	•	Minus	**		-	x \$	_=	0		x \$ =			
	Independent (37 CFR 1.16(b))	•	Minus	***		=	x	=	0	OR OR	x			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.144))							_=		OR	+ ==			
(Column 1) (Column 2) (Column 3)								L E		OR A	TOTAL DDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN		NU! PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1,16(c))	•	Minus	**		=	x \$=	1		OR	x S=			
	Independent (37 CFR 1.16(b))	•	Minus			=	x	, =		OR OR	x =			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.140)							.=		OR	+=			
	(Column I) (Column 2) (Column 3)							AL EE		OR	TOTAL DDIT. FEE			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		NU! PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1,16(c))	•	Minus	**		#	x 3			OR	x \$=			
	Independent (37 CFR 1.16(b))	*	Minus			=	x	=		OR OR	x=			
™	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR).14(6)							-		OR	+=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".														
•• IL	the "Highest Nun	ber Previously Pa	id For IN THIS	SPACE i	s less than 2	U, enter "20".								

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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